

W I S C O N S I N

# Office of Privacy Protection

*Safeguarding Information for Your Future*



## Non-Consent Form

Print Complainant's Name: \_\_\_\_\_  
*(first) (middle) (last)*

Complainant's Gender:  Male  Female

Complainant's Date of Birth: \_\_\_\_\_

Complainant's Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Complainant's Telephone: \_\_\_\_\_

Complaint Number: \_\_\_\_\_

I, the above-listed complainant, did not give consent to (anyone or specific persons) \_\_\_\_\_

\_\_\_\_\_ to use personal identifying information or documents belonging, assigned, or otherwise associated with me, or any person under my legal guardianship:

- A) to obtain credit, money, goods, services, employment, or any other thing of value or benefit;
- B) to avoid civil or criminal process or penalty;
- C) to harm my or any person under my legal guardianship's reputation, property, person, or estate.

Complainant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Information Below:

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_ My commission expires: \_\_\_\_\_

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